## **BEZI AVAILABLE COPY**

PATENT APPLICATION FEE DETERMINATION RECORD  Effective November 10, 1998									,	09/271502			
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE (2)		OR	OTHER THAN R SMALL ENTITY	
FC	OR			ER FILED		NUMBER		1	RATE	FEE	7	RATE	FEE
BA	ASIC FEE		i ———			<u> </u>		11		380.00	OR		760.00
TC	OTAL CLAIMS			3 minus	3 20=	* 33		11	X\$ 9=	+	OR		cay
INE	DEPENDENT CL	LAIMS		) minus	s 3 =			11		+	1 1	\ <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	217
-	ULTIPLE DEPEN		CLAIM P	·/	<u></u>	<u> </u>			X39=	<del> </del>	OR	X78=	703
		· ·						1	+130=		OR	+260=	
<b>*</b> It	f the difference	£in colu	mn 1 is	less than z	zero, e	enter "0" in c	column 2	_	TOTAL		OR	TOTAL	2056
	C			AMENDE							-	OTHER	
	т		umn 1) AIMS	<del></del>		Column 2) HIGHEST	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REMA AF	AIMS IAINING FTER IDMENT		PI	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NO	Total	* %	2/	Minus	1	53	=		X\$ 9=		OR	X\$18=	
E I	Independent	* 4	7	Minus	***	1 st.	=	ļ	X39=		1	X78=	
	FIRST PRESE	ENTATIO	N OF MI	JLTIPLE DE	PEN	DENT CLAIM		ŀ		<del> </del>	OR		<del>                                     </del>
									+130=		OR	+260=	
								A	TOTAL ADDIT. FEE		OR A	TOTAL ADDIT. FEE	
			umn 1) AIMS			Column 2)	(Column 3)	, <b>-</b>			- ,		
AMENDMENT B		REMA AF	AIMS AINING TER IDMENT		Pf	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ND N	Total	. 2	7.	Minus	***	53	=		X\$ 9=		OR	X\$18=	
ME	Independent	* 1	Ŧ_	Minus	**	10	-	t	X39=			AL	
	FIRST PRESE	.NTATIO	N OF MI	JLTIPLE DE	PEN	DENT CLAIM		ŀ		-	OR	30	
								L	+130=		OR	<del>7260≡</del>	
	•	-						<b>A</b> !	TOTAL ODIT. FEE		OR A	TOTAL ADDIT. FEE	3>
			umn 1)	74.7		Column 2)	(Column 3)				4.7		
AMENDMENT C		REMA	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total			Minus	**		=	T	X\$ 9=		OR	X\$18=	
ME	Independent	*		Minus	***		=	十	X39=		<b> </b>	X78=	
٢	FIRST PRESE	NTATIO	N OF ML	JLTIPLE DE	PEND	DENT CLAIM		-		·	OR		
* 1	**** ontor in colu	1 ie l	than th	in nal	2	-' *0* in on	- ··- <b>o</b>	L	+130=	·	OR	+260=	
** H	If the entry in colur If the "Highest Nur "If the "Highest Nur	ımber Prev	viously Pa	aid For IN THI	IS SPA	ACE is less than	ın 20, enter "20."	Αſ	TOTAL DDIT. FEE		OR A	TOTAL ADDIT. FEE	
	"If the "Highest Nur The "Highest Num									ropriate box			

Application or Docket Number